PTO/SB/47 (09-06)

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"FEE ADDRESS" INDICATION FORM

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For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
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The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (if known)	APPLICATION NUMBER
	10/598,841
Completed by (check one):	
Applicant/Inventor	Simon
	Signature
Attorney or Agent of record 32,410	J. Michael Dixon
(Reg. No.) Typed or printed name	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) (Form PTO/SB/96)	
Assignee recorded at Reel Frame	Clylc9 Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below*.	
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This collection of information is required by 37 CFR 1.383. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S. C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete in clinical gardening preparing, and submitting the completed application from the USPTO. Three villaw opportunity on the individual case. Any comments on the arround of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and the arround of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and C.S. Sent and Sent Complete Officer, U.S. Patent and C.S. Sent and Sent Complete Officer, U.S. Patent and C.S. Sent Complete Officer, U.S. Bost 1969, Alexander, VA 22211-4500, DOT OF SENT COMPLETE OFFINIS TO THIS ADDRESS.

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